

FORM LM-3 LABOR ORGANIZATION ANNUAL REPORT

FOR USE BY LABOR ORGANIZATIONS WITH LESS THAN \$200,000 IN TOTAL ANNUAL RECEIPTS

Form Approved
Office of Management and Budget
No. 1215-0188
Expires: 11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

For Official Use Only Rec'd D OLMS DRDA E	1. FILE NUMBER 0 2 6 - 2 4 4	2. PERIOD COVERED MO DAY YEAR From 0 1 0 1 2 0 0 1 Through 1 2 3 1 2 0 0 1	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: <input type="checkbox"/> (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: <input type="checkbox"/> (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here: <input type="checkbox"/>
	8. MAILING ADDRESS First Name G A R Y Last Name C H O N Z E N A P.O. Box - Building and Room Number (if any) P O B O X 7 2 6 Number and Street City R O S L Y N State ZIP Code + 4 W A 9 8 9 4 1 -		
4. AFFILIATION OR ORGANIZATION NAME CARPENTERS IND			
5. DESIGNATION (Local, Lodge, etc.) LU		6. DESIGNATION NUMBER 2659	
7. UNIT NAME (if any) LUMBER & SAWMILL WORKERS			
9. Are your organization's records kept at its mailing address? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (If "No," provide address in Item 56.)			

56. ADDITIONAL INFORMATION	
Item Number	

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)

57. SIGNED: <u><i>Paul A. Henry</i></u> PRESIDENT <u>3/12/02</u> Date <u>425-3346678</u> Telephone Number	58. SIGNED: <u><i>Gary W. Chonzena</i></u> TREASURER <u>3/12/02</u> Date <u>(509) 649-2609</u> Telephone Number
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During the Reporting Period Did Your Organization:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 10. Have a "subsidiary organization" as defined in Section X of the instructions? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 12. Have a political action committee (PAC) fund? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Discover any loss or shortage of funds or other property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <i>(Answer "Yes" even if there has been repayment or recovery.)</i> | | |
| 16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Pay any employee salary, allowances, and other expenses which, together with any payments from affiliates, totaled more than \$10,000? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

(If the answer to any of the above questions is "Yes," provide details in Item 56 as explained in the instructions for each item.)

19. How many members did your organization have at the end of the reporting period? 1 3 5

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 5 0 0 0 0

21. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions?

Yes No
☐ ☒

(If the constitution and bylaws or practices/procedures have changed, see the instructions.)

22. What is the date of your organization's next regular election of officers? MO YEAR
0 6 2 0 0 3

23. What are your organization's rates of dues and fees?
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ <u>13.75/34.00</u> per <u>month</u> (Month, Year, etc.)
(b) Initiation Fees	\$ <u>125.00</u>
(c) Transfer Fees	\$ <u>0</u>
(d) Work Permits	\$ <u>34.00</u> per <u>month</u> (Month, Year, etc.)

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 0 2 6 - 2 4 4

	(A) Name (List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)		Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER.)	Status (C)*			
1.	DEJONG PRESIDENT	JOEL C	5 4 0	5 0	5 9 0
2.	DALE VICE PRESIDENT	DAVID C	0	0	0
3.	FETSCH REC. SEC.	CONNIE C	9 6 0	5 8 2	1 5 4 2
4.	CHONZENA FIN. SEC./TREAS	GARY C	3 2 9 2	2 4 5	3 5 3 7
5.	SHATTUCK BUS. REP/ TRUSTEE	DENNIS C	2 9 9 7	5 1 3	3 5 1 0
6.	WARREN TRUSTEE	BRUCE C	0	0	0
7.	JOHNSON TRUSTEE	KURT C	0	0	0
8. Totals from additional pages (if any)			0	0	0
9. Totals of Lines 1 through 8			7 7 8 9	1 3 9 0	9 1 7 9
			10. Less Deductions		1 8 4 2
The Total from Line 11 inItem 45			11. Net Disbursements		7 3 3 7

* Code for Status (C): past officer - P; continuing officer - C; new officer during the reporting period - N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 56.)

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 0 2 6 - 2 4 4

STATEMENT A ASSETS AND LIABILITIES	ASSETS	Start of Reporting Period (A)	End of Reporting Period (B)	LIABILITIES	Start of Reporting Period (C)	End of Reporting Period (D)
	Item			Item		
	25. Cash	1 1 8 2 9 3	1 1 7 9 9 4	32. Accounts Payable	0	0
	26. Loans Receivable.....	0	0	33. Loans Payable	0	0
	27. U.S. Treasury Securities	0	0	34. Mortgages Payable	0	0
	28. Investments	3 0 0 0	3 0 0 0	35. Other Liabilities	0	0
	29. Fixed Assets	2 2 8 6	2 2 8 6	36. TOTAL LIABILITIES	0	0
	30. Other Assets	0	0			
	31. TOTAL ASSETS	1 2 3 5 7 9	1 2 3 2 8 0	37. NET ASSETS (Item 31 less Item 36)	1 2 3 5 7 9	1 2 3 2 8 0

STATEMENT B RECEIPTS AND DISBURSEMENTS	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
	Item		Item	
	38. Dues	5 0 4 3 8	45. To Officers(from Item 24)	7 3 3 7
	39. Per Capita Tax	0	46. To Employees (less deductions)	1 8 5 5
	40. Fees, Fines, Assessments & Work Permits	1 0 9 4	47. Per Capita Tax	3 2 4 8 9
	41. Interest & Dividends	3 1 4 9	48. Office & Administrative Expense	5 4 9 5
	42. Sale of Investments & Fixed Assets	0	49. Professional Fees	0
	43. Other Receipts	3 1 0	50. Benefits	6 2 7 2
	44. TOTAL RECEIPTS	5 4 9 9 1	51. Contributions, Gifts & Grants	0
	<p>If total receipts reported in Item 44 are \$200,000 or more, your organization must file Form LM-2 instead of this form.</p>		52. Purchase of Investments & Fixed Assets	0
53. Loans Made			0	
54. Other Disbursements			1 8 4 2	
55. TOTAL DISBURSEMENTS			5 5 2 9 0	

ORGANIZATION NAME:
CARPENTERS IND

FILE NUMBER: 0 2 6 - 2 4 4

ENDING DATE OF PERIOD COVERED:
12/31/2001

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		(C) Status *	Gross Salary (before taxes and other deductions) (D)	Allowances and Other Disbursements (E)	Total (F)
Title	<small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>				
WILKENS	DAN		0	0	0
CONDUCTOR	C				
ABERNATHY	BOB		0	0	0
WARDEN	C				

ORGANIZATION NAME:
CARPENTERS IND

FILE NUMBER: 0 2 6 - 2 4 4

ENDING DATE OF PERIOD COVERED:
12/31/2001

56. ADDITIONAL INFORMATION *(continued)*

Item Number	
11	Western Council of Industrial Workers- Timber Operators Coouncil Trust Fund. To provide health insurance and pension plan for membership

CARPENTERS IND

ENDING DATE OF PERIOD COVERED:

12/31/2001

56. ADDITIONAL INFORMATION (continued)

Item Number	Item Description	Item Type	Item Status
1	Item 1 Description	Item 1 Type	Item 1 Status
2	Item 2 Description	Item 2 Type	Item 2 Status
3	Item 3 Description	Item 3 Type	Item 3 Status
4	Item 4 Description	Item 4 Type	Item 4 Status
5	Item 5 Description	Item 5 Type	Item 5 Status
6	Item 6 Description	Item 6 Type	Item 6 Status
7	Item 7 Description	Item 7 Type	Item 7 Status
8	Item 8 Description	Item 8 Type	Item 8 Status
9	Item 9 Description	Item 9 Type	Item 9 Status
10	Item 10 Description	Item 10 Type	Item 10 Status
11	Item 11 Description	Item 11 Type	Item 11 Status
12	Item 12 Description	Item 12 Type	Item 12 Status
13	Item 13 Description	Item 13 Type	Item 13 Status
14	Item 14 Description	Item 14 Type	Item 14 Status
15	Item 15 Description	Item 15 Type	Item 15 Status
16	Item 16 Description	Item 16 Type	Item 16 Status
17	Item 17 Description	Item 17 Type	Item 17 Status
18	Item 18 Description	Item 18 Type	Item 18 Status
19	Item 19 Description	Item 19 Type	Item 19 Status
20	Item 20 Description	Item 20 Type	Item 20 Status
21	Item 21 Description	Item 21 Type	Item 21 Status
22	Item 22 Description	Item 22 Type	Item 22 Status
23	Item 23 Description	Item 23 Type	Item 23 Status
24	Item 24 Description	Item 24 Type	Item 24 Status
25	Item 25 Description	Item 25 Type	Item 25 Status
26	Item 26 Description	Item 26 Type	Item 26 Status
27	Item 27 Description	Item 27 Type	Item 27 Status
28	Item 28 Description	Item 28 Type	Item 28 Status
29	Item 29 Description	Item 29 Type	Item 29 Status
30	Item 30 Description	Item 30 Type	Item 30 Status
31	Item 31 Description	Item 31 Type	Item 31 Status
32	Item 32 Description	Item 32 Type	Item 32 Status
33	Item 33 Description	Item 33 Type	Item 33 Status
34	Item 34 Description	Item 34 Type	Item 34 Status
35	Item 35 Description	Item 35 Type	Item 35 Status
36	Item 36 Description	Item 36 Type	Item 36 Status
37	Item 37 Description	Item 37 Type	Item 37 Status
38	Item 38 Description	Item 38 Type	Item 38 Status
39	Item 39 Description	Item 39 Type	Item 39 Status
40	Item 40 Description	Item 40 Type	Item 40 Status
41	Item 41 Description	Item 41 Type	Item 41 Status
42	Item 42 Description	Item 42 Type	Item 42 Status
43	Item 43 Description	Item 43 Type	Item 43 Status
44	Item 44 Description	Item 44 Type	Item 44 Status
45	Item 45 Description	Item 45 Type	Item 45 Status
46	Item 46 Description	Item 46 Type	Item 46 Status
47	Item 47 Description	Item 47 Type	Item 47 Status
48	Item 48 Description	Item 48 Type	Item 48 Status
49	Item 49 Description	Item 49 Type	Item 49 Status
50	Item 50 Description	Item 50 Type	Item 50 Status
51	Item 51 Description	Item 51 Type	Item 51 Status
52	Item 52 Description	Item 52 Type	Item 52 Status
53	Item 53 Description	Item 53 Type	Item 53 Status
54	Item 54 Description	Item 54 Type	Item 54 Status
55	Item 55 Description	Item 55 Type	Item 55 Status
56	Item 56 Description	Item 56 Type	Item 56 Status
57	Item 57 Description	Item 57 Type	Item 57 Status
58	Item 58 Description	Item 58 Type	Item 58 Status
59	Item 59 Description	Item 59 Type	Item 59 Status
60	Item 60 Description	Item 60 Type	Item 60 Status
61	Item 61 Description	Item 61 Type	Item 61 Status
62	Item 62 Description	Item 62 Type	Item 62 Status
63	Item 63 Description	Item 63 Type	Item 63 Status
64	Item 64 Description	Item 64 Type	Item 64 Status
65	Item 65 Description	Item 65 Type	Item 65 Status
66	Item 66 Description	Item 66 Type	Item 66 Status
67	Item 67 Description	Item 67 Type	Item 67 Status
68	Item 68 Description	Item 68 Type	Item 68 Status
69	Item 69 Description	Item 69 Type	Item 69 Status
70	Item 70 Description	Item 70 Type	Item 70 Status
71	Item 71 Description	Item 71 Type	Item 71 Status
72	Item 72 Description	Item 72 Type	Item 72 Status
73	Item 73 Description	Item 73 Type	Item 73 Status
74	Item 74 Description	Item 74 Type	Item 74 Status
75	Item 75 Description	Item 75 Type	Item 75 Status
76	Item 76 Description	Item 76 Type	Item 76 Status
77	Item 77 Description	Item 77 Type	Item 77 Status
78	Item 78 Description	Item 78 Type	Item 78 Status
79	Item 79 Description	Item 79 Type	Item 79 Status
80	Item 80 Description	Item 80 Type	Item 80 Status
81	Item 81 Description	Item 81 Type	Item 81 Status
82	Item 82 Description	Item 82 Type	Item 82 Status
83	Item 83 Description	Item 83 Type	Item 83 Status
84	Item 84 Description	Item 84 Type	Item 84 Status
85	Item 85 Description	Item 85 Type	Item 85 Status

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not all records are kept at this mailing address.

most of the records are kept at 2812 Lombard Ave, Suite101, Everett, Wa. 98201